



NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS

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# Impact of the Changing Healthcare Policy Environment on State Cancer Programs

## Accountable Care Organizations (ACOs) and the Implications for Cancer Screening

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### What Should You Know?

Innovative healthcare models and designs are shifting from volume to value in payment models. The development of Accountable Care Organizations (ACOs) during the past several years is one example of these changes that may provide an opportunity to enhance cancer screenings. The goal of the ACOs is to deliver high-quality care while managing costs.

### What is an ACO?

The Center for Medicare and Medicaid Services (CMS) describes ACOs as “groups of doctors, hospitals, and other healthcare providers who come together voluntarily to give coordinated high-quality care to their Medicare patients (or other groups). The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.”

### What are opportunities for public health agencies to collaborate with ACOs?

CDC illustrated opportunities for public health to collaborate with ACOs in its 2014 publication: “Opportunities for Enhanced Collaboration: Public Health Departments and Accountable Care Organizations.” CDC contends that public health has a unique opportunity to partner and collaborate with ACOs to jointly inform their future as the healthcare delivery system transforms from paying for patient encounters to paying for outcomes. Collaboration for cancer screening opportunities include:

>**Serve as a convener**-convene partners around integrating cancer screening into



health systems and coordinate between clinical and community partners.

> **Serve as a source of data and analytics**- share electronic records data across providers to ensure continuity of care and necessary screenings for clients at high risk for cancer; use data to identify populations at greatest risk, and identify areas with highest need for cancer screening.

> **Serve as a direct delivery partner**- partner with Accountable Care Collaboratives to improve delivery of screening services and to coordinate screening, navigation, and follow-up services for individuals at high risk for cancer.

The Association of State and Territorial Health Officials (ASTHO) further explains that “State Health Agencies (SHA) provide a range of services to the population, including population-based primary prevention services, support for minority health initiatives, support for primary care providers, oral health, pharmacy, disease screening, and home healthcare services. SHAs working with ACOs will help prevent duplication of services, ensure the use of evidence-based practices, and address healthcare disparities.”

## What is the potential for ACOs to impact cancer screening?

According to data synthesized by Leavitt Associates, there are currently\*1,031 ACOs nationwide of varying types. CMS includes quality measures for colorectal cancer screening: percentage of adults 50 - 75 years of age who had appropriate screening for colorectal cancer. CMS also includes a quality measure for breast cancer screening: percentage of women 50-74 years of age who had a mammogram to screen for breast cancer. These CMS quality measures impact ACO performance data, and thus, provide a significant opportunity to work with ACOs to increase screening rates.

Although there appears to be promising opportunities for ACOs to impact provision of cancer screening, results on ACOs’ impact on provision of cancer screenings to date have been mixed. Torch Insight is a data intelligence platform that details, analyzes, and tracks the value-based market variables and metrics across markets throughout the United States. NACDD staff, consultants and members have access to the data. State staff can use the data to identify health systems operating in their respective states and their achievement of associated value-based metrics. Instruction on use of the Torch platform is provided to NACDD members through interactive webinars, the annual NACDD Academy and in the context of categorical program workshops. A number of the references provided below provide information on studies of ACO impact on cancer screening.

*\*Data acquired April 9, 2019.*

## What should state cancer programs do?

The Center for Health Care Strategies (CHCS) provides strong endorsement for integrating prevention and preventive services in ACOs: “A state may set general guidelines for Medicaid ACOs, then allow each individual ACO to choose its covered benefits based on which services

will be most cost-effective for its patient population. ACOs could include both clinical and preventive health services."

State health agency cancer screening programs are recommended to talk with state Medicaid programs and ACOs to include the respective cancer screening quality measures as priorities, and to assist in integrating evidence-based cancer screening improvement strategies into the ACO operation. Another key strategy may be advocating for strong cancer screening metrics for Medicaid ACOs. States can require ACOs to incorporate specific cancer screening metrics into their measure set.

The opportunity to leverage these new models of care delivery to enhance cancer screening is a timely and strong one. Keys to success include the link to evidence-based approaches; strong linkages with primary care, public health programs, and community-based prevention initiatives; and advocating for strong metrics based on evidence-based screening initiatives.

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